MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY filled in by the furpapers. Pages 1 in 72 hours after of b. COUNTY Worcester Maryland Worcester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Pocomoke City Pocomoke City vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Ceder Street Ceder Street YES NO X within with completely carbon NAME OF DECEASED First Middle DATE Month Last Year remove carbo DOROTHY JUNE DEATH October (Type or print) ATKINSON 1966 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Last birthday) | Months | Days | Hours | Min. DATE OF BIRTH NEVER MARRIED White Female 1924 June WIDOWED T DIVORCED [ ermit. Then please re = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)
Northampton County, 12. CITIZEN OF WHAT COUNTRY? Housewife U.S.A. Virginia removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Winifred A. Bessie A. Truitt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? d by the attend transit permit. cremation, or n 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unknown) (If yes nive war or dates of service) death Lester C. Atkinson. Pocomoke 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH al-trans PART I. DEATH WAS CAUSED BY: attending physician. Internal Hemorrhage from large bowel IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Conditions, If any, which Mellanoma (original site rt. knee, removed 1955) gave rise to Immediate recurrent 1966 with then rapid growth with as the prior to DUE TO cause (a), stating the metastatis lesions generalized to most every underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health part of body and vital organs. PERFORMED? certificate NO A YES 203. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) should be Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: chek 19 66, and that death occurred at saw the deceased affive on .M. from the causes and on the date stated above. 3 show 22a SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. STAFF 10/4/66 DIRECTOR M.D. NAME (Type) ADDRESS FUNERAL director, p 22d. N.E.Sartorius. Market St., Pocomoke City, Md. JY .. M.D. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY JERGREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) 5-1966 Bates Snow Hill. Methodist Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ocharles 1966 An Pocomoke City, Md. VR A15 (4) 20M 1/65 Watson

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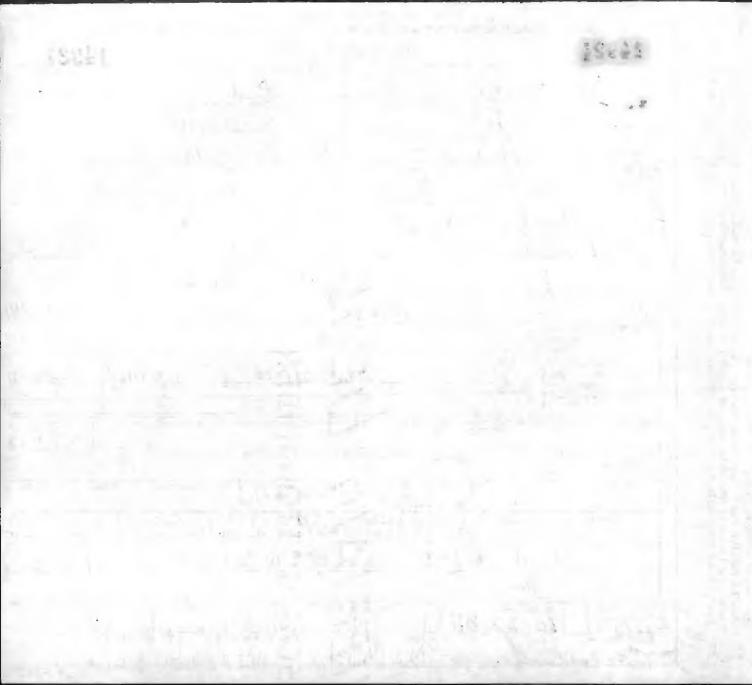
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNT completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after DRCESTER ORCESTO MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (I) outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) PIDI LI d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO R YES executed within NAME OF Middle DATE Month Year Day Last DECEASED OF DEATH (Type or print) 19 6 and con 6. COLOR OR RACE DATE OF BIRTH SEX AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Days Months Hours any WIDOWED A DIVORCED ! C e attending physician a nermit. Then please re omd in 1Da. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. during most of working life, even if retired) INDUSTRY COUNTRY? winds RDUGTREEK 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT permit. or (Yes, no, or unkown) (If yes give war or dates of service) in signed by the atter burial-transit permit burial, cremation, or 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH this certificate has been signed by detached for use as the burial-transi s Dept. of Health prior to burial, crem PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F YES . 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) detached fr te Dept. of B MEDICAL TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) be de State I Hour a.m. While Not While director, page 3 should be d should be filed with the State 19 at work at work 1966 to Cock 2/ - 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on... 1966 and that death occurred at 2. M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED M.D. DIRECTOR PHYS. PHYSICIAN'S ADDRESS 22d. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23c. \_LOCATION (City, town or county) (State) RTGRYILLE 0 0 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. 1966 VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14926 CERTIFICATE OF DEATH death, The law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral ep please remave carban papers. Pages 1 and over many in 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY. b. COUNTY COSTER MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWN (If outside corporate limits, LENGTH OF STAY IN 16 write RURALJand give nearest town) BWARK EWARK e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES~ NO [ Middle 3. NAME OF Lost 4. DATE Month DECEASED 19 (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED AGE (In years lost birthday) Months Days Hours WIDOWED DIVORCED 16a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) HOUSTRY LUSBORD CV 1 13 FATHER'S NAME ren 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (If yes give war or dates of service 17. INFORMANT 16. SOCIAL SECURITY NO. Address NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO burial, Canditions, if ony, which gave ) rise to immediate cause (a), DUE TO for use as the k Health priar tab stating the underlying couse metastasis TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 5 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) detached for the Dept. of P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. Not While at work shauld be 19 66 to TU VU Oct., 19 66 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from, De F 2 19 66, and that death accurred at 8 P.M. fram causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING director, page 3 shauld be filed v M.D. DIRECTOR 10-11-61 PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREO (Stote) (County) REMOVAL (Specify)

25a. REC'D BY REGISTRAR

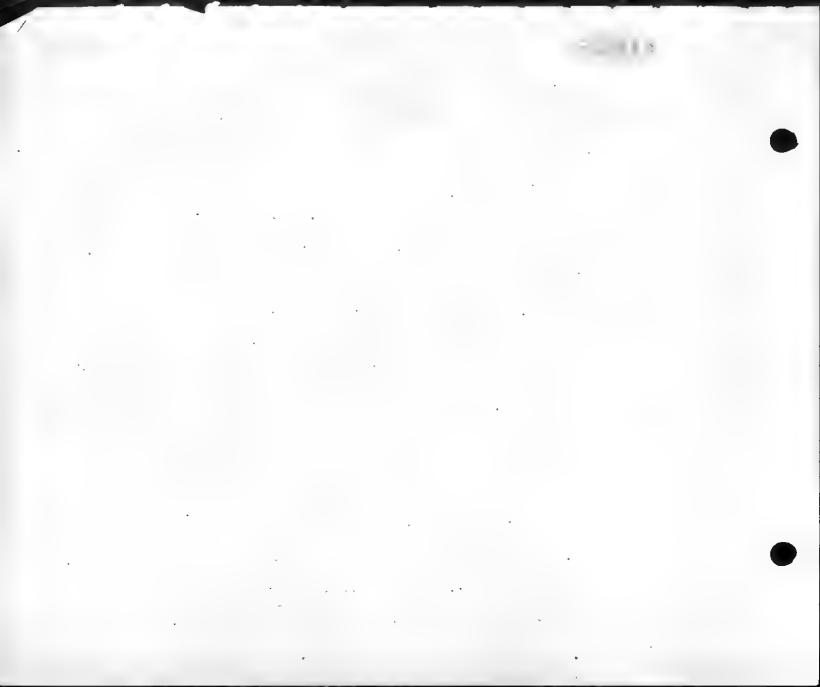
24. FUNERAL DIRECTOR

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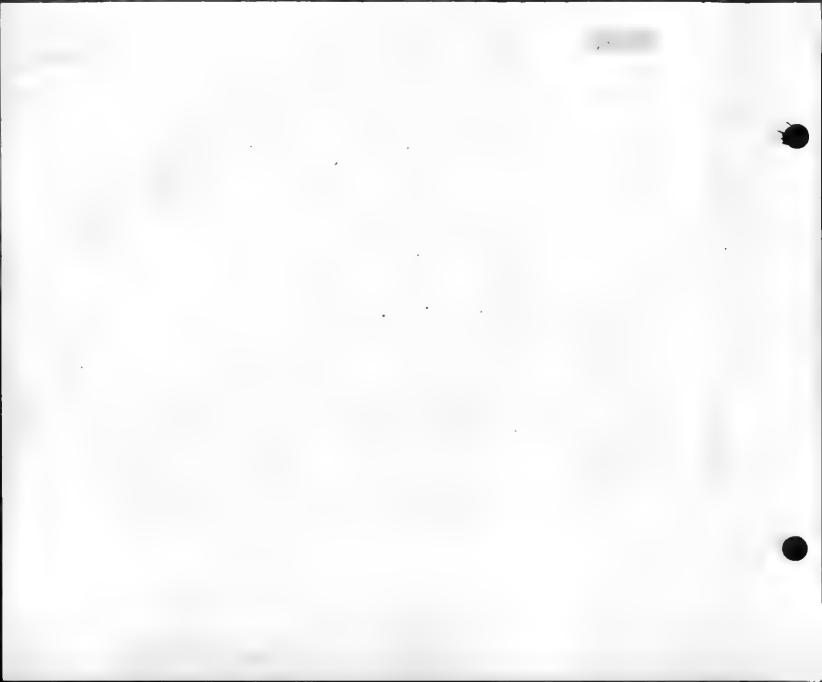
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MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. OF DEATH r1 Im funeral shoute PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If Institution) Residence before admission) e. COUNTY b. COUNTY \ by the MARYLAND death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) CITY OR TOWN (H outside corporate limits, write RURAL and give nearest town) CALENGTH OF STAY IN 16 þ within 24 filled in Pages 1 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF 4. DATE First Month Dey Middle Last 72 DECEASED OF DEATH (Type or print) 19 event, within COLOR OR RACE 7. MARRIED NEVEL MARRIED S. SEX DAVE OF BIRT AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. 8. and last birthday) Months Deys Hours 1881 WIDOWED DIVORCED T certificate physician гетто 10. USUAL OCCUPATION [Give king of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any 13. FATHER'S NAME please MOTHER'S MAIDEN NAME 14 Ę attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES Then SOCIAL SECURITY NO. 1 17. INFORMANT Address requires that the (Yes, no, or unkown) | (Ifyesgive werar detesalservice) the permit, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] physician. INTERVAL BETWEEN ONSET AND DEATH been signed by ö PART I. DEATH WAS CAUSED BY: 250 IMMEDIATE CAUSE (e) cremation, the burial-transit **DUE TO** attending Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the undarlying burial, Dis Inse has cause last. (c) PHYSICIAN: ò PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1 19. WAS AUTOPSY certificate CERTIFICATION the hospital S 0 PERFORMED? NO D use Prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [ þ OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After this of Health detached be retained by 20e, PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED ! 20f. (City or town) (State) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work el work p.m. State Dept. 28 1901, to ..... plnods ....19. LC and that death occurred at O.I.M, from the causes and on the date stated above. saw the deceased alive on .... YELL 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR M.D. HOSPITAL FUNERAL page with th Page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed BURIAL, CREMATION, 236. DATE THEREOF 28c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 230/ (Spegit REGISTRANS SI 25e. REC'D BY REGISTRAR 255 FUNERAL DIRECTOR 00 VR A15 (4)

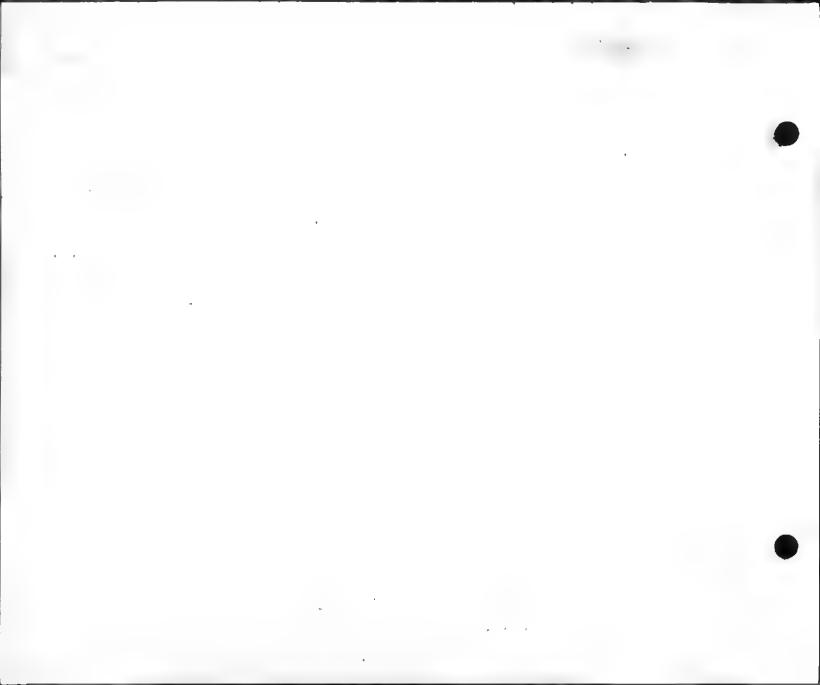
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 14528 CERTIFICATE OF DEATH N funeral and 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY es 1 after Worcester Maryland Worcester **MARYLAND** b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 78 pers. Page 72 hours a Pocomoke City Pocomoke City vears = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE \_= 700 Clarke Avenue Clarke Avenue No.K withi completely carbon 3. NAME DE First DATE Month Middle Last Day Year DECEASED event, EDWIN LEE ELLIS (Type or print) DEATH October 20 66 19 executed 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED and con remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | any Days Hours Male White Nov. 1902 WIDOWED DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR ACCOMACK County (State, or foreign country) | 12. CITIZEN OF WHAT Ξ attending physician rmit. Then please during most of working life, even if retired) INDUSTRY and Salesman Food Products Virginia U.S. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levi H. Ellis Maggie Lindsay 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 5 (Yes, no, or unknown) (If yes give war or dates of service)
Yes W. W. 2 death Mrs Myrtle Ellis, Pocomoke cremation, City. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH al-trans PART J. DEATH WAS CAUSED BY: the hospital or attending physician. been signed the burial-transtrant to burial, creating to burial, creating the burial, creating the burial to burial IMMEDIATE CAUSE (a DUE TO Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has (c) 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. certificate PERFORMED? CERTIFICAT YES NO A He 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) r this certi OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year i 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While After While retained by at work at work D.M. v OIRECTOR: / age 3 should iled with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED MED. 4 may B = O FUNERAL PHYSIC AN'S 22d, ADDRESS director, p should be 1 NAME (Type) Charles Trader M.D. 302 Markekt St., Pocomoke City, Md BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR OREMATORY 23d. LOCATION (City, town or county) (State) 2-1966 Salem Methodist Pocomoke City, Maryland ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Pocomoke City. VR A15 (4) Md. DATE 20M 1/65 Watson



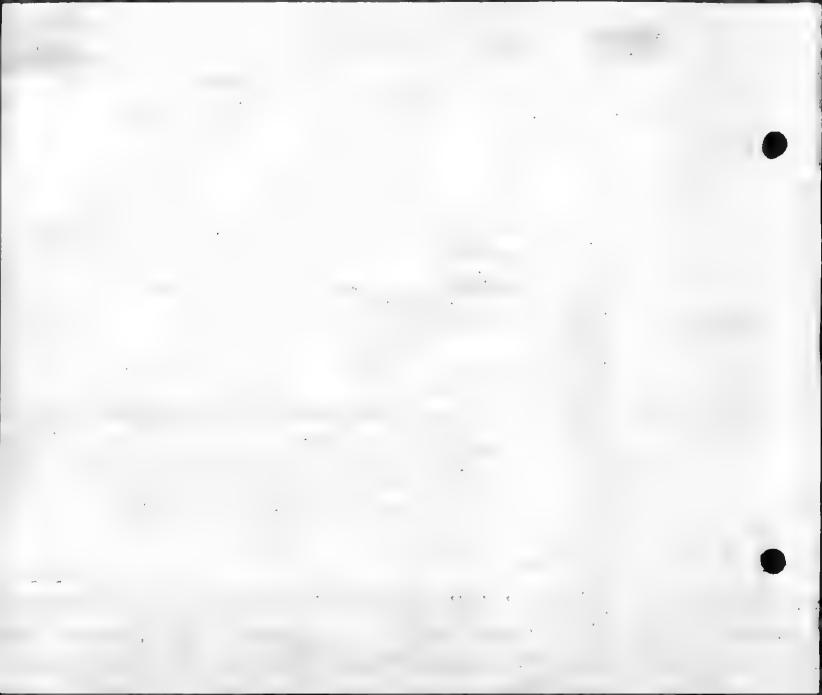
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) HEALTH DEPT. PLACE OF DEATH a. COUNTY b. COUNTY 0 MARYLAND lay is necessary, 3 to the funeral Page 5 may be Department after death. b. CITY OR TOWN (if outside corporate limits, write KURAL and give nearest fown) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE TUTION (If not in bospital, give street address) d. STREET ADDRESS ON A FARM? State hours NO L DATE Month NAME OF Middle Year DECEASED OF DEATH 12 the 196 (Type or print) 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED IV DIVORCED 102-USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even it retired) INDUSTRY 100 of TANK 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? - Xecut MOTHER'S MAIDEN NAME AHT File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes. no. or unkown) (If Yes give war or dates of service) removal, permit. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: a burial-transit IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the used as a l to burial, c underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES [ NO should be gent, prior DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 3 shoul agent, MEDICAL 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year ! 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While While JIRECTOR: Page its designated a at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion FUNERAL DIRECTOR: I Health or its design Undetermined manner Homicide death resulted from: Natural causes Suicide Accident CHIEF MEDICAL EXAMINER Your execute 22. DATE SIGRED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE please execution director. Pag DEPUTY MEDICAL-EXAMINER **EXAMIRER'S** Address (Street, City town or County NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) DATE THEREOF 23€. (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) o, 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25a. 1966 VR A15ME 3500 4-64



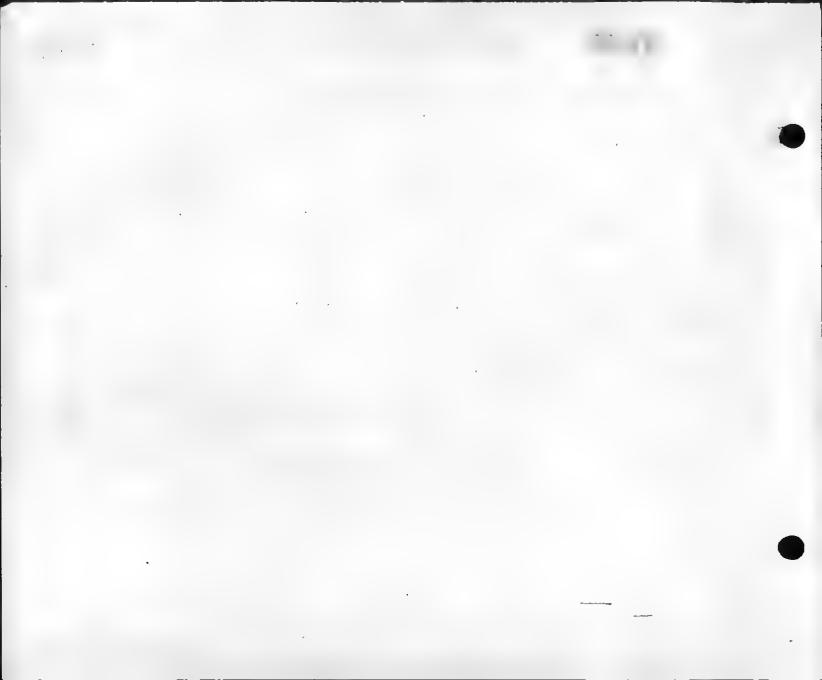
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY b. COUNTY Page <u>~</u> Worcester MARYLAND har vland Worcester Deportment c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN ( f outside corporate imits, c LENGTH OF STAY IN 16 wate RURAL and give nearest town) Newark Rural Snow Hill Rural d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Route #113 Stote YES NO F w th 3 NAME OF Midd e Esrst Lost 4 DATE Month Year DECEASED ERIC HILL October 4 within (Type or print) DEATH IF UNDER 1 YEAR AGE ( n years S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH NEVER MARRIED (gst birthdoy) Months Hours Negro WIDOWED Mar. 15. event 100 JSUAL OCCUPATION (Give kind of work done 10b K ND OF 8. SINESS OR II BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? North Carolina
14 MOTHER'S MAIDEN NAME Laborer Ferm II.S.A the Chief Medical Exominer in pencil 13 FATHER'S NAME be executed within Charlie Hill Unknown 17 INFORMANT IS WAS DECEASED EVER IN HIS ARMED FORCES? 16. SOCIAL SECURITY NO. R.F.D. (Yes, no, or unknown) (If yes give war or dates of service) removal 237-28-5823 Maria Hill. Snow Hill, Maryland No NTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH 5 IMMEDIATE CAUSE (n) This certificate should cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse В burial, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 0 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Hern 18) its designated ogent, prior should 4 should MED CAL 20e PLACE OF INJURY (Home, form 20d INJURY OCCURRED 20c TIME OF JAHURY Month, Day, Year (City or town) (County) (Stote) factory, street, office bldg , etc.) Not White at work at work 2). I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . and in my apinian Inquiry death resulted from-Natural causes [ the funerol director Accident Suicide | Hamicide 🗌 Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be 10 FUNERAL Health or i DEPUTY MEDICAL EXAMINER Rafat MD Bay St. Snow Horay (Street, Nits 1949 31-19) NAME (Type) David 23c NAME OF CEMETERY OR CREW TORY 23o BURIA, CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) Hutts Methodist Oct. 17.1966 VR A15ME (5) Snow Hill, Md. 6M 1/66



10 /	MARYLAND STATE DEPARTMENT OF HEALTH								
(IVI)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
FOR STATE	14731 MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
HEALIN DEPT.	1. PLRCE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, Il institution, Residence Defote expression a. COUNTY 7/2  6. STATE 1. b. COUNTY 1/2								
is necessary, director. Page r your files. spariment of	MARYLAND MARYLAND MOTIFICATION								
ecessator. Particle file	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)								
y is necessary idrector. Page or your files. Oppartment of death.	Whalegold the Whalegold								
\$ # 6 Q Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	d. NAME OF HOSPITAL OK INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  e. IS RESIDEN ON A FABLE								
funeral formal f	YES ANO [  3. NAME OF First Middle Last   4. DATE Month Day Year								
If any the funer of the State tours after	3. NAME OF First Middle Last 4. DATE Month Day Year OF DEATH OCTOBER 9 19 66								
구 한 학 년 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR								
r des and 3 may 2 wil	MALE WHITE WIDOWED DIVORCED DOEN 16. 1906 Lost birthday) Months Days Hours Min.								
もどれるモ	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY; 11. BIRTHPLACE (State or foreign country)								
	done during most of working life, even if retired) Checher Heuse Mondowed 215A.								
24 hour Pages M3. Pa pages i	13. FATHER'S NAME								
(4 % 5	Levin T. Jones d'accarra l'orker.								
within a series of the series	15. WAS DECEASED EVER IN U.S. ARMED FORGER 16. SOCIAL SECURITY NO. 17. INFORMERT  [Yes, no. or unkown] [Hyangive wegor detection vice)								
	V V 127-14-6194 Hoda Navis Malyels mo								
	18. CRUSE OF DEATH Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH ON THE CONTRACT OF THE								
	PART L DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  FACURATION & GORFOL SIMMEDIATE  CAUSE (a)								
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hould in offi	Conditions, if eny, which (b)								
tate sl nding iner's il as a matic	(a), stating the underlying DUE TO								
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cert rd "rd " late u	PER AD PER								
This ce the word Medical E should be to burial	20s. EXTERNAL CAUSE WAS (20b. RESCRIBE HOW INJURY OCCURRIO). (Enter nature of injury in Part I of from 18.)								
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MININE writing Chief Chief age 3 t, prior	20e, TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County)  While Not While Sectory, street, office bldg., atc.]  While Not While Sectory, street, office bldg., atc.]								
XAI B, W he ( ent,	Hour 10m. 10-9 19 (QU at work ) at work X Rt # 50 Wheeluville work Me								
C S S S S S S S S S S S S S S S S S S S	21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🔲 Inquiry 📆 and in my opinion								
DICAL e certific arded to IRECTC ignated	death resulted from: Natural causes								
he owar war DIRI	CHIEF MEDICAL EXAMINER								
of the state of th	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED								
UTY ERA or ij	EXAMINER'S Devid Refer M D 104 Per Street From Hill Manual and Horseston								
DICAL EXA please execute the certificate, w 4 should be forwarded to the TO FUNERAL DIRECTOR: P Health or its designated agent	NAME (Type) David Rafat, M. D., 104 Bay Street Add Snower, H.1. Maryland Worcester  226. BURIAL CREMATION, 226. Date THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. BOCARON (City, lown, or county) (Sintell)								
TO DEPI please e 4 should TO FUN Health	PANOVAL (Specify) 10-19-66 Nale Whalesoulle hall								
HH	23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 249. REGISTRAR'S SIGNATURE								
VR A15ME	Uter Wholes de Minerelle Red DATE OCT 25 1966 Actionles Under								
5M 1/63									



	1	N	M	[te	m 20 Film 382 11-10 MARYLAND STATE DEPARTMENT OF HEALTH
- 12-12s	ron s	TATE	K		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10	HEALTH	HAIC-			MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14935
3	REALIN	DEF [	۱ ۱	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased liver, If institution: Residence fefore admission)  a. COUNTY / a. STATE b. COUNTY / a.
	\$₩ B	받근			MARYLAND (Y) COMITO
	ecessary, e funeral may be	Department after death.			C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	the fr	epar ter (	-	/	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital give street address) d. STREET ADDRESS .   e. IS RESIDENCE
	ay 15 1 3 to th	s after	10		- Cheek trum thee 2 2 2 2 2 2 2 2 2 1 1 Aug ON A FARM?
	d 3 Pa	State hours	-	3.	NAME DF First Middle Last 4. DATE Month Day Year
	any del 2, and PM3.	the 72			DECEASED (Type or print) HOSIE LOWS LONG DEATH OCT. 28 1966
	±====================================	芸芸			SEX   0. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR, IF UNDER 24 HRS
	ath. If	2 with within			WIDOWED DIVORCED 12/02/8 (ast birthday) Months Days Hours Min.
	岩비	and		10a.	USUAL OCCUPATION (Give kind of work done lob. Kind of Business or lob working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY?
	after Give	To E	1	11	PACTOR DER TIM DER WAR WAR
	222	- 6 E		13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	hou Item ffice	File pand I		1	WAS DECEASED EVER IN U.S. ARMED FORCES   16. SOCIAL SECURITY NO.   17. INFORMANT Address
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T. 10		(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
	within pencil miner's	permit. removal,		-7	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	rted withi " In pencil Examiner	t pe r re			PART I, DEATH WAS CAUSED BY: 1/0 00 000 000 000 000 000 000 000 000
	<u></u>	cremation, or			MMEDIATE CAUSE (a)
	be execut pending" Medical	al-tr natio			Conditions, If any, which   (b) alless To Tal unique area
	d be "per"	bur			gave rise to immediate oue to DUE TO Country of the DUE TO Country of afterno with several almost afterno were
	should word Chief	60 -			underlying cause last. (c) the army the with the details in a way
	certificate should iting the word " led to the Chief D	used as to burial	1:	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	iffica to t	r to	,	FICA	YES NO PART   NO PART   OF
	certificate riting the v	3 should be agent, prior t		ERT	PRIMARY TO CONTRIBUTING   Driving & loading tractor on trailer - turned over
	Si ≥ Fi	nt,			20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
		3 8	7 4	MEDICAL	Hour a.m.  1 p.m. Oct 28 1966 at work at work of the st work of th
	EXAMINER: certificational	CTOR: Page designated	~	2	21. I certify that I took charge of the remains described above, held an Autopsy , inspection Inquiry , and in my opinion
	L EXA	S SEL			death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner
	1 3	IRECTOR: its design			CHIEF MEDICAL EXAMINER D
	w MEDICAL execute the Page 4	0 -			ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (L)CA CO. DATE SIGNED
	EXECT EXECT Page	2 2	)		EXAMINER'S TOURS COLD COLD TO DEPUTY MEDICAL EXAMINER DE COLD COLD OF
	O DEPUTY please ex director.	UNE	X	23a	NAME (Type)  Address (Street, city, town, or county)  BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23c LOCATION City, town or county). (State)
	5 2 2 2	12 E	P	U	Jamour (Specty) 11 (1/6/6 Propy (1/40) ( ) (Q/W/4/4/4 )
	_		1	24.	TUNERAL OIRECTOR ADDRESS 258. REC'D BY REGISTRAR 256. RECISTRAR'S SIGNATURE
		A15ME ) 4-64	1		Booker M. Cuest, palestruly, DATE NOV 4 1966 persones Judge

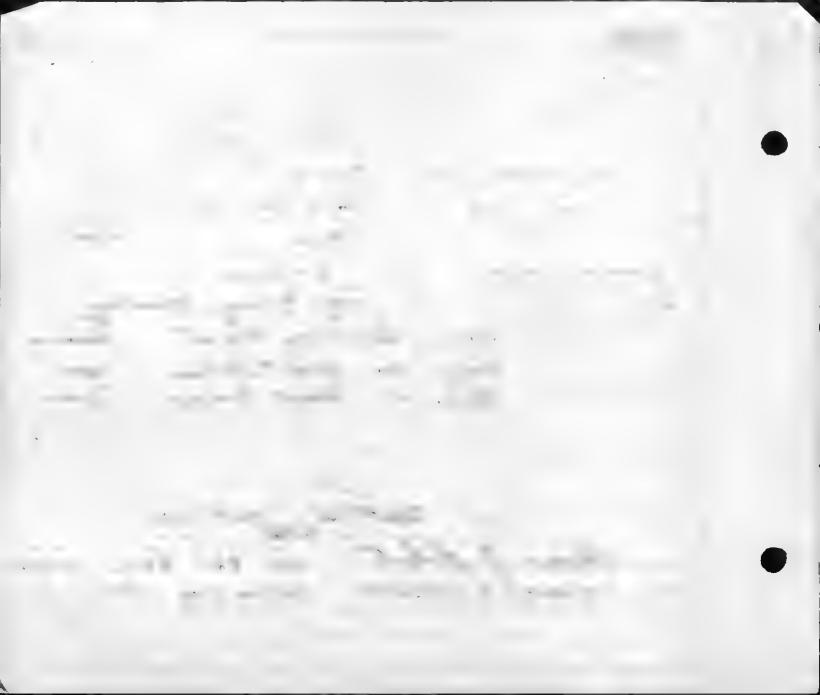


CERTIFICATE OF DEATH  1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if in a. STATE b. COU	
1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if in	NTY
	Marcaster
Worcester Maryland Maryland Maryland	
b. CITY OR TOWN (if outside corporate limits, with RURAL and give nearest town)  D. CITY OR TOWN (if outside corporate limits, with RURAL and give nearest town)	rite RURAL and give nearest town)
Pocomoke City Life Pocomoke City	
Worcester    Maryland   C. City or Town (if outside corporate limits, with RURAL and give nearest town)   Life   Pocomoke City	e. IS RESIDENCE ON A FARM?
913 Cedar Street 913 Cedar Street	IE3 NO
3. NAME OF First Middle Last 4. DATE Mont OF	//
Type or print)  LOUISE  L. MATTHEWS  DEATH OCTOD  S. SEX  6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH  9. AGE (In years left deat)	LIFUNDER 1 YEAR ILFUNDER 24 HRS.
Worcester    Maryland   Maryland	Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR   11, BIRTHPLACE (County & State, or foreign country	y)   12. CITIZEN OF WHAT
during most of working life, even if retired) Housewife  13. FATHER'S NAME  Auryland  14. MOTHER'S MAIDEN NAME	COUNTRY? U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Elizabeth Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Adding (Yes, mo, or unknown) (If yes pive war or dates of service)  NO Ellwood E. Matthews. M	Scomoke City,
None Ellwood E. Matthews, M	aryland
during most of working life, even if retired)  Housewife  Housewif	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED. (Enter nature of inlury in Part 1 or Part II.	andoneous
年	
gave rise to immediate ( )	
cause (a), stating the DUE TO underlying cause last.	
The state of the	PART 1(a) 19. WAS AUTOPSY PERFORMED?
The second secon	YES NO
20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of	of Item 18.)
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II or Part I	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While at work at work at work	(County) (State)
	1
p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and 6 4 19. , to 17 2 9 saw the deceased alive on 19 6, and that death occurred at 19. M, from the causes 22a. SIGNATURE	
saw the deceased alive on 1966, and that death occurred at M, from the causes	and on the date stated above.
228. SIGNATURE STAFF M.D. ATTENDING MED. MED. DIRECTOR PHYS. D	11-1-1966
M.D. PHYS. DIRECTOR PHYS. L	1 1 1 7 7 7
22c. Physician's N. E. Sartorius, Sr. Pocomoke City, Manual Company No. E. Sartorius, Sr. Pocomoke City, Manual Company No	aryland
COL THE DEMOVAL (Specify)	own or county) (State)
Burrar   11-2-1966   Presbyterian   Pocomoke C	ity, Maryland
NOV 4 19CC	Charles Judge
VR A15 (4) Peber N. Walson Pocomoke City, Md. DATE NOV 4 1966	The state of the s



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death. funeral death Pages 1 after papers. Pag hours .5 filled within , within completely pou event, executed and con any g physician a lien please re loval, and in 三 oe certificate transit permit then cremation, of remove death law requires that the been signed by t the burial-transit or to burial, crema retained by the hospital or attending physician. prior 1 has as CERTIFICATION certificate hand for use a for use Health DIRECTOR: After this cases 3 should be detached filed with the State Dept. MEDICAL TO FUNERAL DI director, page should be file Page 4 may TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14935 CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 1. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY Worcester Marvland Wordester MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
POCOMOKE City c. LENGTH OF STAY IN 1D c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Pocomoke City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Market Street Market Street YES T NAME OF First Middle Last DATE Month Day Year DECEASED DE LAWRENCE ROBLEY PARSONS 28 (Type or print) DEATH October 1966 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR NEVER MARRIED last birthday) Months Davs Hours Male White March ,1893 WIDDWED DIVORCED [ 20 11. BIRTHPLACE (County & State, or foreign country)
Worcester County, 12. CITIZEN OF WHAT COUNTRY? Superintendent State Park USA Maryland MOTHER'S MAIDEN NAME Isaac Robley Parsons Anna Belle Morris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address

e. IS RESIDENCE ON A FARM? ND X IF UNDER 24 HRS 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME (Yes, no, or unknwn) | (If yes give war or dates of service) No Mrs Virginia Parson, Pocomoke, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DISEASE CONDITION GIVEN LEPART 1(a) WAS AUTOPSY PERFORMED? NO T YES T 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9 a. M. from the causes and on the date stated above. 1960 saw the deceased alive on. SJERAFURE 22a. 22b. DATE SIGNED ATTENDING PHYS. MED. PHYSICIAN'S NAME (Type) 22d. ADDRESS Trader, M.D. Pocomoke City. BURIAL, CREMATION, NAME OF CEMETERY OF ERANGING 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 30-1966 Pocomoke City, Maryland First Baptist 25b. EMNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Marles 1966 Pocomoke

City . Md .DATE

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Watson

85028 Service of the Con-THE RESERVE OF THE PARTY OF THE and a title to be one of the title of the control o The second of th and the second of the second o

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physioten and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please senove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	a. COUNTY	KING LIKE				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CDUNTY					
-		rcester	1. 0. 1	MARYLAN		Maryland Worcester					
	write RURAL	N (if outside corpora and give nearest to	1b c. Cl								
	Sr	low Hill (R	ural)			Sn	ow Hi	ll (Rugal	.)	23.	1
	d. NAME OF HD	SPITAL OR INSTITUTION	ON (if not in h	ospital, give street addr	ess) d. Si	REET ADDRESS					ESIDENCE
_		D.#2, Box;	#97			R.D.#2, Box 97 ON A FARM?					
	B. NAME OF OECEASED	F	irst	Middle		Last	4. DAT	E Mon	th	Day Y	'ear
	(Type or print)		RRELL	PAUL	T	TWIGG				17 1966	
1	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	] 8. DAT	E DF BIRTH		<ol> <li>AGE (In years last birthday)</li> </ol>	IFUNDER 1	YEAR IF UND	ER 24 HRS.
L	Male	White	WIDOWED		i anni	1 28.19		17 vrs.		lays Hour	s Min.
13	Oa. USUAL DCCUPA	IDN (Give kind of work	done   10b. K	IND OF BUSINESS OR				te, or foreign count		IZEN OF WHA	AT .
0		ing life, even If retire	(d) I	NDUSTRY	205		α	L. 3//1		INTRY?	
-	Laborer 13. FATHER'S NAM	IE .		-		rcester		ty, Ma.	US	IA.	
		-						3 a 1 a a a a a a			
_	Paul Twi						Ann R	ichardson	l		
L	Yes, NO. or unknwn)	EVER IN U.S. ARMED FO (If yes give war or dates of	ORGES?   16.	SOCIAL SECURITY NO.	17. INFOR		- C	Pwigg (di	955		
	No				R.D.	#2. Sn	OW Hi	TATES (11	rej		
F	18. CAUSE OF	DEATH [Enter only on	e cause per l	ine for (a), (b), and (c).]		75 1 1011	4		7 1	INTERVAL B	ETWEEN
		EATH WAS CAUSED BY	':	for 111	1 1	AVIORAL	din	Tude	zelin	ONSET AND	
	1120	IMMEDIATE CAUSE		(1000)	AU F	1 Car	wim	The Am	Count	Few	MIN
1	400 I	DOL	TD	A. 1-0	. e . c	2 1.:	11	24 10			
	Conditions, If		(b)	urie	1(1) 2C	Levolic	(4	ust Di	seuse		
1	cause (a), s	tating the DUE	TO		1.0	- 0.				(10	4
=	underlying caus		(c)		- (		unc			15 A	, ,
SEPTICION	PART II. DTHER	6 , 1	ONSCONTRIBL	TING TO DEATH BUT NOT	RELATED TO	THE TERMINAL	DISEASE CO	NDITION GIVEN IN	PART I(a)	19. WAS A	NUTDPSY RMED?
12	5	chillpsy	Y	Meni	tel	det	cece	ncy		YES T	NO V
I E	20a. ACCIDENT	WAS UNDERSTING	20b.	DESCRIBE HOW INJURY O	CCURRED.	Enter nature o	f Injury In	Part I or Part II	of (tem 18.)		1
18	(IF EITHER, NO	NG CAUSE DF DEA	NER)	N/A							
		INJURY Month, Day,	1		PLACE OF I	NJURY (Home, fi	arm i 20f	(City or town)	(Coun	by)	(State)
MEDICAL	Hour a.r		White		actory, stre	t, office bldg., e	etc.)	(011) 01 (0111)	(00011	-77	(01010)
12			at worl	at work				- 1			
П	21. I certif	y that (I) (this hos	ojtal) attend	ed the deceased from			9 65, to		19 6	(, that (1)	(we) last
П		ceased alive on	OCF	/ 19 66, and	that death	occurred at_	2 PM, 1	from the causes	and on the	date state	d above.
L	22a. SIGNATUI	RE	1	050					22b. DAT	E SIGNED	
1		リ	a Vid	80/11	M.D. PHY		MED. DIRECTOR	STAFF PHYS.	Oct.	19 1	1966
	22c. PHYSICIA NAME (T)					. ADDRESS				1	
ı	IIAME (I)	Dr. David	Rafat			04 N. B.	av St	Snow H	ill M	arvlan	a
2	3a. BURIAL, CREW		THEREOF	23c. NAME OF CEME	TERY OR CR			DCATION (City, t			State)
	Burial		20.1966	T/+ 01:	M		1	, ,		•	
1	24. FUNERAL DIRE		20,1900	ADDRESS	veme to	1 25a. RE	C'D BY REG	rcester (	EGISTRAR'S	SIGNATURE	and_
		-	Y. SAL	ISBURY, MARYI	LAND		CT 2	1 1966	nal	las Que	1.0
						DATE	UIA	T 1000	y way	LEY YELL	7-95

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